

Staff are available to assist you with application and submittal requirements at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. When you are ready to submit your application and required materials, please bring them to the Permit Services Center during public counter hours (7 am to 12 pm) or mail it to the Licensing Section at 633 E. Broadway, Rm. 101, Glendale, CA 91206. Please note that a copy of the lease/rental agreement must be attached and include the square footage being leased.

A BUSINESS REGISTRATION CERTIFICATE (BRC) IS REQUIRED FOR:

1. Every business (any use of property other than residential)
2. A change in proprietor or owner of a business
3. A change of business name
4. A change in sublease information
5. Any change in business location or change of the person or entity from that which is shown on the issued zoning use certificate

Note: The BRC is **not** a business license or a business tax; the City of Glendale does not have a business license or business tax. If you are operating more than one business at the location, each business name is required to have its own certificate.

FEES

1. There is an initial registration fee (\$253.99) and annual renewal fee for each tenant/business in a space.
2. If occupying more than one space, each space requires its own certificate and fee.

INSTRUCTIONS

1. The application **must** be completed legibly (typed applications are preferred) in its entirety, incomplete applications cannot be processed.
2. The description of business activities in Part 1E **must** be detailed; a one word response is not sufficient and will delay the processing of your application.
3. When completing the existing and proposed uses in Part 3, use only uses provided in the list below:

- Church	- Manufacturing	- Office, General	-Office, Medical
- Restaurant	- Retail/Service	- Schools, Private	- Theatre
- Warehouse	- Wholesale/Distribution	- Other (Provide Description)	
4. Part 4B on the application **must** be the name of the business owner or a corporate officer and his/her title (NOT the name of the business).
5. The person listed in Part 4B above **must** be the person who signs the application. **The signature must be original – not a stamped signature or a photocopy of the signature.**
6. A copy of property's leasing plan/floor plan **must** be provided and show the following:
 - Business address and legal unit numbers of every unit on the same floor
 - Square footage of every unit on the floor
 - Clearly identify your unit among the others
 - The current use taking place in each unit on the floor (i.e. medical office, law firm, hair salon, etc.)
 - Signature of the property owner AND the person who is leasing the unit being applied for
7. Restaurants, churches, private schools, and theatres **must** submit a seating plan and show the following:
 - Tables and seats (clearly numbered)
 - Restroom(s)
 - Food preparation area
 - Exits
 - If serving alcohol, you **must** provide a copy of the new Alcohol and Beverage Control (ABC) State License, with new owner name and new business name.

Please use the below area to draw a seating plan.

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are 20 columns and 20 rows of squares, creating a total of 400 square units. The grid covers the entire area of the page, leaving no margins or other markings.

Please answer the following questions completely and legibly. Supplemental information may be required for various certificates, licenses or permits; fill out the corresponding section or form as necessary on the following pages. Please read the instructions for all forms first as additional documentation may be required for processing.

PART 1 – BUSINESS INFORMATION <div style="text-align: right;"><input type="checkbox"/> Use as Primary Mailing Address</div>	
A. Business name and DBA: _____ B. Business address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street Address Suite/Unit Number City Zip Code </div> C. Business phone number: _____ D. Website: _____ E. Describe business activities in detail: _____ _____	
PART 2 – CERTIFICATE, LICENSE & PERMIT INFORMATION A. Type of Certificate, License or Permit <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Advertising Distribution (L-106) <input type="checkbox"/> Amplified Sound (L-104) <input type="checkbox"/> Arcade Device (L-102) <input type="checkbox"/> Arcade Establishment (L-102) <input type="checkbox"/> Arts and Entertainment (L-108) <input type="checkbox"/> Billiard Room (L-106) <input type="checkbox"/> Business Registration <input type="checkbox"/> Dance (L-106) <input type="checkbox"/> Dog/Cat (L-103) <input type="checkbox"/> Driver <input type="checkbox"/> Kennel (L-103) <input type="checkbox"/> Live Entertainment (L-106) <input type="checkbox"/> Massage (L-110) <input type="checkbox"/> Outdoor Merchandising (L-112) <input type="checkbox"/> Peddler </div> <div style="width: 50%;"> <input type="checkbox"/> Secondhand Dealer <input type="checkbox"/> Smoking Permitted Area <input type="checkbox"/> Soliciting (L-111) <input type="checkbox"/> Tobacco Retail Sales <input type="checkbox"/> Transportation (L-107) <input type="checkbox"/> Wholesale Delivery <input type="checkbox"/> Other _____ Existing use: _____ Proposed use: _____ Tax ID #: _____ Employer ID #: _____ # of employees onsite: _____ # of seats for patrons: _____ Alcohol sales? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>	PART 3 – DETAILED INFORMATION A. Specific Information <div style="display: flex; justify-content: space-between;"> <div> New business? <input type="checkbox"/> Yes <input type="checkbox"/> No First time in Glendale? <input type="checkbox"/> Yes <input type="checkbox"/> No Ever had a permit denied? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous license/permit issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, previous license/permit # _____ Are you subleasing your space? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom? _____ Primary lessee's BRC #: _____ Occupancy floor area (Sq. Ft.): _____ Days/Hours of operation: _____ _____ </div> <div> Do you have outdoor storage? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you or anyone listed on this page ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
PART 4 – APPLICANT INFORMATION <div style="text-align: right;"><input type="checkbox"/> Use as Primary Mailing Address</div>	
A. Title - <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Officer or CEO <input type="checkbox"/> Business Representative B. _____ C. _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Last Name Date of Birth Email Address </div> D. _____ E. _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Mailing/Street Address City State Zip Code Area Code - Phone Number </div>	
PART 5 – ADDITIONAL APPLICANT INFORMATION <div style="text-align: right;"><input type="checkbox"/> Use as Primary Mailing Address</div>	
A. Title - <input type="checkbox"/> Co-Owner/Partner <input type="checkbox"/> Officer <input type="checkbox"/> Corporate Contact B. _____ C. _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Last Name Date of Birth Email Address </div> D. _____ E. _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Mailing/Street Address City State Zip Code Area Code - Phone Number </div>	
PART 6 – PROPERTY OWNER INFORMATION (if not the applicant)	
A. _____ B. _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Last Name Date of Birth Email Address </div> C. _____ D. _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Mailing Address City State Zip Code Area Code - Phone Number </div>	

OTHER CERTIFICATES, LICENSES OR PERMITS MAY BE REQUIRED – SEE REVERSE SIDE

In addition to a Business Registration Certificate, depending on your businesses activities, you may be required to obtain City licenses/permits. These licenses/permits are separate from any other County, State, or Federal licenses/permits that you may be required to obtain. To help you determine which City licenses/permits are required, answer the following questions. If you answer yes to any of them, inform staff so they can assist you with the appropriate corresponding licenses/permits.

YOU MUST ANSWER THE QUESTIONS ON THE REVERSE SIDE AND SIGN THIS FORM

1. Will you be distributing any advertising materials?
☐ Yes ☐ No
2. Will you be conducting any door to door soliciting?
☐ Yes ☐ No
3. Does your business sell alcohol AND is located in any of the Maryland, Alex Theatre, or Broadway Center Districts within the Downtown Specific Plan?
☐ Yes ☐ No
4. Will you have any live entertainment such as a DJ, karaoke, bands, dancers, etc.?
☐ Yes ☐ No
5. Will you have a dance floor?
☐ Yes ☐ No
6. Will you be teaching dance lessons?
☐ Yes ☐ No
7. Will you be selling any products containing tobacco?
☐ Yes ☐ No
8. Will you be allowing any onsite smoking?
☐ Yes ☐ No
9. Will you be selling any secondhand items?
☐ Yes ☐ No
10. Will you be operating as a pawnshop?
☐ Yes ☐ No
11. Will you be operating as a place of amusement such as a theatre, roller rink, laser tag, children's amusement, etc.?
☐ Yes ☐ No
12. Will you have any amusement or arcade machines such as pool tables, air hockey, video games, etc.?
☐ Yes ☐ No
13. Do you deliver food or beverages to retail or wholesale markets?
☐ Yes ☐ No
14. Will you be selling any gasoline or oil products?
☐ Yes ☐ No
15. Will you be charging for parking?
☐ Yes ☐ No
16. Will you allow any outdoor or sidewalk dining?
☐ Yes ☐ No
17. I acknowledge my understanding that placing merchandise, temporary signs, and/or banners outside of my place of business is prohibited within the City of Glendale, except as provided within the Glendale Municipal Code.
_____ (Applicant's Initials)

I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of certificate, license or permit for which I am applying. I declare, under penalty of perjury, that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of the certificate, license or permit. I understand that it is my responsibility to inform the City of Glendale of any changes to any information on this application or any attached forms or documents.

Applicant's Signature (must be of the applicant listed in Part 4B)

Date

Renewal District:	Exp. Date:	NAICS #:	BRC #:	Zone:
Comments, conditions, restrictions:				Submit:
				Issue: